

SBAR for Suspected Lower Respiratory Tract Infection (LRTI)

Resident Name	DOB	Unit/Wing, Room	Completed by:

S	<p><u>Situation:</u> I am reaching out to you regarding the resident above having a suspected LRTI</p>
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B	<p><u>Background:</u> PMH (especially existing pulmonary disease, respiratory support, etc.): _____</p> <p>History of COPD? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Supplemental oxygen requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, new or worsening? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>History of heart failure? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>LRTI in the previous 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: Date: _____ Treatment: _____</p> <p>Advance directives? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify: _____</p> <p>Medication allergies: _____</p>
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A	<p><u>Assessment:</u> Vital Signs: BP: ____/____ mmHg HR: ____ beats/min RR: ____ breaths/min Temp: ____°F/____°C O₂ Sat: ____%</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Residents with fever ≥102°F (39°C) Criteria to initiate antibiotics are met if at least 1 of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough or sputum production <input type="checkbox"/> Respiratory rate ≥25 breaths/minute <input type="checkbox"/> O₂ sat <94% on room air or >3% decrease from baseline <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> New or worsening lung exam abnormalities </td> <td style="width: 50%; padding: 5px;"> <p>Residents with fever ≥100°F (38°C) but <102°F (39°C) <i>(or ≥2.4°F (1.5°C) above baseline)</i> Criteria to initiate antibiotics are met if BOTH of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough or sputum production AND <input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Heart rate >100 beats/min <input type="checkbox"/> Respiratory rate ≥25 breaths/minute <input type="checkbox"/> Rigors <input type="checkbox"/> New onset or worsening delirium </td> </tr> <tr> <td style="padding: 5px;"> <p>Residents <u>WITHOUT</u> fever and <u>WITH</u> COPD and >65 years old Criteria to initiate antibiotics are met if BOTH of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough AND <input type="checkbox"/> Purulent sputum production </td> <td style="padding: 5px;"> <p>Resident <u>WITHOUT</u> fever and <u>WITHOUT</u> COPD and >65 years old Criteria to initiate antibiotics are met if ALL of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough AND <input type="checkbox"/> Purulent sputum production AND <input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> New onset or worsening delirium <input type="checkbox"/> Respiratory rate ≥25 breaths/minute </td> </tr> </table>	<p>Residents with fever ≥102°F (39°C) Criteria to initiate antibiotics are met if at least 1 of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough or sputum production <input type="checkbox"/> Respiratory rate ≥25 breaths/minute <input type="checkbox"/> O₂ sat <94% on room air or >3% decrease from baseline <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> New or worsening lung exam abnormalities 	<p>Residents with fever ≥100°F (38°C) but <102°F (39°C) <i>(or ≥2.4°F (1.5°C) above baseline)</i> Criteria to initiate antibiotics are met if BOTH of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough or sputum production AND <input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Heart rate >100 beats/min <input type="checkbox"/> Respiratory rate ≥25 breaths/minute <input type="checkbox"/> Rigors <input type="checkbox"/> New onset or worsening delirium 	<p>Residents <u>WITHOUT</u> fever and <u>WITH</u> COPD and >65 years old Criteria to initiate antibiotics are met if BOTH of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough AND <input type="checkbox"/> Purulent sputum production 	<p>Resident <u>WITHOUT</u> fever and <u>WITHOUT</u> COPD and >65 years old Criteria to initiate antibiotics are met if ALL of the following are selected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough AND <input type="checkbox"/> Purulent sputum production AND <input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> New onset or worsening delirium <input type="checkbox"/> Respiratory rate ≥25 breaths/minute
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R	<p><u>Recommendation(s):</u> The above resident:</p> <p><input type="checkbox"/> Does meet criteria to initiate antimicrobial therapy for a LRTI at this time: See Physician/Prescriber Response section below</p> <p><input type="checkbox"/> Does NOT meet criteria to initiate antimicrobial therapy for a LRTI at this time: Resident may require more frequent monitoring and/or physician/prescriber assessment</p>
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Nurse Signature: _____	Date/Time: _____
<input type="checkbox"/> Faxed or <input type="checkbox"/> Called to: _____	Date/Time: _____
Family/POA Notified (name): _____	Date/Time: _____

Physician/Prescriber Response

I have reviewed the resident SBAR above

Please obtain the following (check all that apply):

- | | | | | | |
|------------------------------|----------------------------------|--|-------------------------------------|---|---|
| <input type="checkbox"/> BMP | <input type="checkbox"/> BUN/SCr | <input type="checkbox"/> CBC with differential | <input type="checkbox"/> Chest Xray | <input type="checkbox"/> RSV/Flu/COVID Test | <input type="checkbox"/> Sputum Culture |
|------------------------------|----------------------------------|--|-------------------------------------|---|---|
- Continue monitoring vital signs and temps; every _____ hours for _____ days
- Encourage continued fluid intake; _____ oz of fluid every _____ hours until symptoms resolve
- Monitor/record fluid intake and output
- Note: Sputum cultures may have limited benefit in lower respiratory infections due to the increased presence of upper airway bacterial colonization

Please initiate the following selected antibiotic regimen from the corresponding diagnosed disease state:

COPD Exacerbation (Mild)

- Azithromycin 500mg PO Daily x 3 days
- Doxycycline 100mg PO BID x 5 days
- Cefuroxime 500mg PO BID x 5 days

Pneumonia (WITHOUT comorbidities)

- Amoxicillin 1000mg PO TID x 5 days
- Doxycycline 100mg PO BID x 5 days
- Azithromycin 500mg PO Daily x 3 Days

COPD Exacerbation (Moderate)

- Azithromycin 500mg PO Daily x 3 days
- Doxycycline 100mg PO BID x 5 days
- Amox/Clav 875/125mg PO BID x 5 days

Pneumonia (WITH comorbidities)

- Amox/Clav 875/125mg PO BID ± Doxycycline 100mg PO BID x 5 days
- Cefuroxime 500mg PO BID ± Doxycycline 100mg PO BID x 5 days
- Cefpodoxime 200mg PO BID ± Doxycycline 100mg PO BID x 5 days
- Amox/Clav 875/125mg PO BID x 5 days ± Azithromycin 500mg PO Daily for the first 3 days
- Cefuroxime 500mg PO BID x 5 days ± Azithromycin 500mg PO Daily for the first 3 days
- Cefpodoxime 200mg PO BID x 5 days ± Azithromycin 500mg PO Daily for the first 3 days
- Levofloxacin 750mg PO Daily x 5 days

COPD Exacerbation (Severe)

- Levofloxacin 750mg PO daily x 7 days

Influenza

- Oseltamivir 75mg PO BID x 5 days
- Baloxavir 40mg PO one-time (wt >40 to <80kg)
- Baloxavir 80mg PO one-time (wt ≥80 kg)

COVID (with high risk of progression to severe disease, hospitalization, or death)

- Nirmatrelvir 300mg with Ritonavir 100mg PO BID x 5 days
- Molnupiravir 800mg PO BID x 5 days

- Pharmacist to renally dose adjust antibiotic(s). Requires BUN/SCr, at minimum, to be ordered
- For cough, initiate: Drug: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____
- For shortness of breath, initiate: Drug: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____
- For fever, initiate: Acetaminophen Dose: _____ Route: _____ Frequency: _____ (PRN) Duration: _____
- Notify me once culture identification and susceptibilities have resulted. Will adjust antibiotics as needed.
- Notify me if symptoms worsen or do not resolve within _____ hours after initiating antibiotics
- Resident to be considered for hospital admission due to severity of disease and/or the need for IV antibiotics

Order(s) provided via: Fax Phone In-person Other: _____

Physician/Prescriber Signature:

Date/Time:

Please return fax to: (____)____--____

Document to be filed under Physician/Prescriber Order or Progress Note